

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044124

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10655

STATE FILE NUMBER

FILED NOV 19 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If outside, give location) 4236 St. Louis Ave.	
Length of stay in lb.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)		First Middle Last Cornell Davis		4. DATE OF DEATH Month Day Year November 5, 1962	
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/24/OI	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 7 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery Messenger		10b. KIND OF BUSINESS OR INDUSTRY City Court		11. BIRTHPLACE (City and state or country) Quincy, Ill	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Archie Davis		13b. MOTHER'S MAIDEN NAME Mary Williams	
14. NAME OF HUSBAND OR WIFE Sarah Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Sarah Davis 4236 St. Louis Ave.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Anteroseptal heart disease DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 10/25/62 to 11/5/62 and last saw her alive on 11/5/62		Death occurred at 4:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph J. Shubert M.D.		22b. ADDRESS 1515 Lafayette Ave.		22c. DATE SIGNED 11/5/62	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE II/9/62		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State)			
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.		25. DATE RECD. BY LOCAL REG. 11-7-1962		26. REGISTRAR'S SIGNATURE Road Smith. M.D. ✓	

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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BARBA
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur D. Hilliard

Licensed Embalmer No.

4221

P.O. Address

3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.